

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (received)  
AUG 01 2014

Bayfield Co. Zoning Dept.

ENTERED

Permit #:

14-08271

Date:

8-18-14

Amount Paid:

\$185 8-4-14

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name:

Dan and Karen Hanson

Mailing Address:

1808 County Rd E

City/State/Zip:

New Richmond WI 54817

Telephone:

715-781-1615

Address of Property:

Stollis Back River Rd.

City/State/Zip:

Herbster WI

City/State/Zip:

54844

Cell Phone:

715-761-1553

Contractor:

Self.

Contractor Phone:

Plumber:

Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s))

Agent Phone:

Agent Mailing Address (Include City/State/Zip):

Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION

Legal Description: (Use Tax Statement)

SW 1/4 NW 1/4

Gov't Lot

Lot(s)

CSM

Vol & Page

Lot(s) No.

Block(s) No.

Subdivision:

Recorded Document: (i.e. Property Ownership)

Volume 999 Page(s) 51

Section 12, Township 50 N, Range 7 W

Town of Clover

Lot Size

Acres

46

☐ Shoreland ☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If yes--continue -->

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage ☐ If yes--continue -->

Distance Structure is from Shoreline: feet

Is Property in Floodplain Zone? ☐ Yes ☐ No

Are Wetlands Present? ☐ Yes ☐ No

Non-Shoreland

Value at Time of Completion \* include donated time & material

Project

Use

# of Stories and/or basement

# of bedrooms

What Type of Sewer/Sanitary System Is on the property?

Water

☒ New Construction ☐ 1-Story ☐ Seasonal ☐ 1 ☐ Municipal/City ☐ City

☐ Addition/Alteration ☐ 1-Story + Loft ☐ Year Round ☐ 2 ☐ (New) Sanitary Specify Type: ☐ Well

☐ Conversion ☐ 2-Story ☐ Basement ☐ 3 ☐ Sanitary (Exists) Specify Type: ☐ Private (Pvt) or Vented (min 200 gallon)

☐ Relocate (existing bldg) ☐ No Basement ☒ None ☐ Portable (w/service contract)

☐ Run a Business on Property ☐ Foundation ☐ None ☐ Compost Toilet

Existing Structure: (if permit being applied for is relevant to it) Length: Width: Height: Proposed Construction: Length: Width: Height:

Proposed Use

Principal Structure (first structure on property) SW 20

Dimensions

Square Footage

Residential Use

Commercial Use

Municipal Use

Rec'd for Issuance

AUG 18 2014

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Karen M. Hanson Date 8-1-14

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Date

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement  
Attach  
If you recently purchased the property send your Recorded Deed

the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) **Show Location of:** **Proposed Construction**  
(2) Show / Indicate: **North (N)** on Plot Plan  
(3) Show Location of (\*): (\*) **Driveway and (\*) Frontage Road** (Name Frontage Road)  
(4) Show: **All Existing Structures** on your Property  
(5) Show: (\*) **Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
(6) Show any (\*): (\*) **Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
(7) Show any (\*): (\*) **Wetlands; or (\*) Slopes over 20%**

See Attached MAP

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	830 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	811 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	590 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	700 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	965 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No Feet
Setback from the East Lot Line	500 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

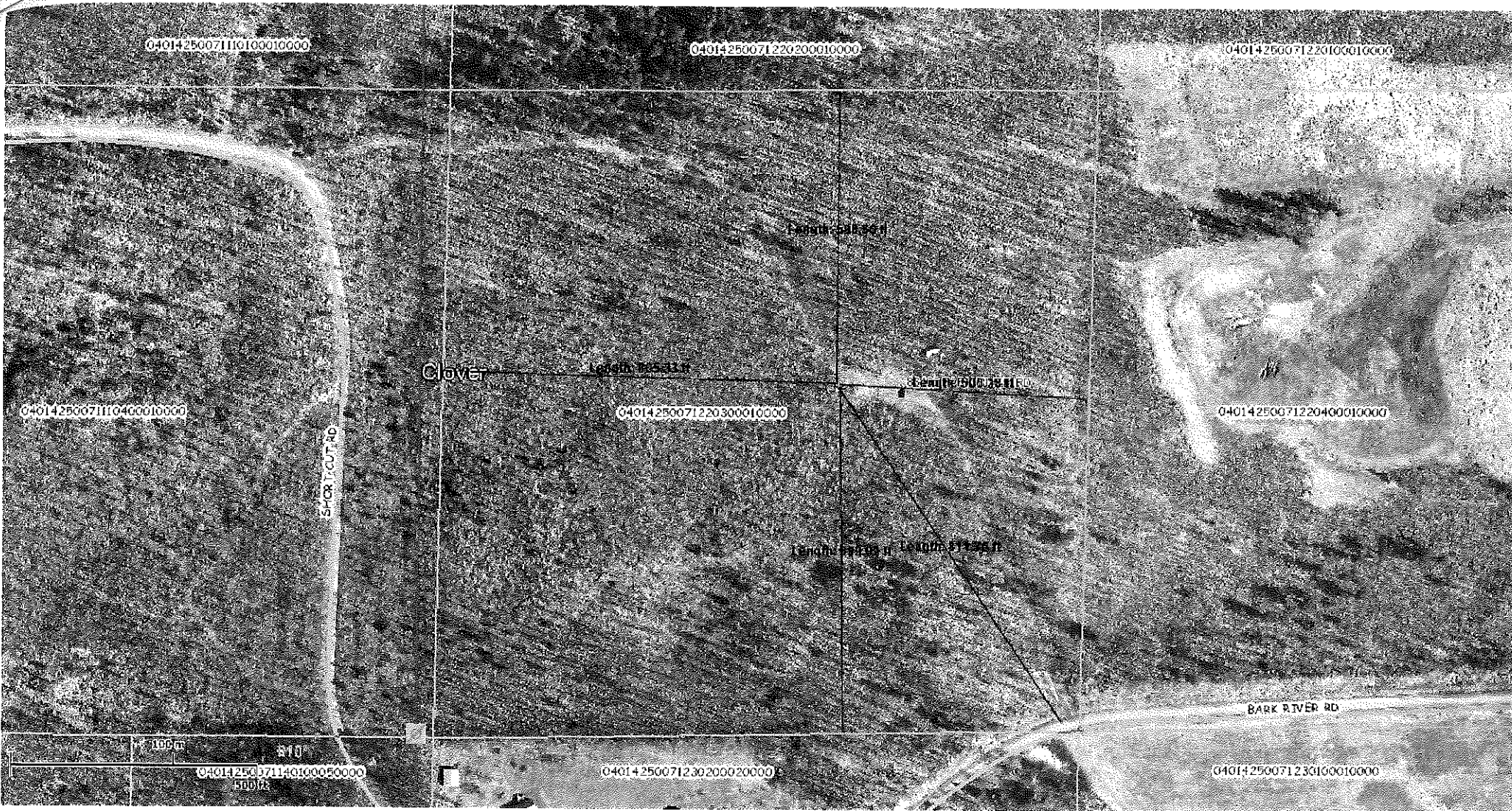
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>04-0536</u>	# of bedrooms: _____	Sanitary Date: <u>1-5-2009</u>
Permit Denied (Date): _____	Reason for Denial: <u>vacat privy</u>			
Permit #: <u>14-00971</u>	Permit Date: <u>8-18-14</u>			
Is Parcel a Sub Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No (Deed of Record) <input type="checkbox"/> Yes (fused/Contiguous lot(s)) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #: _____	Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: _____	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: <u>RV no longer requires Town approval now that there is a principal building</u>		Zoning District (F-1) Lakes Classification (NA)		
Date of Inspection: <u>8-15-14</u>	Inspected by: <u>J CREMONA-BORCA-MUNICIPALITY</u>	Date of Re-Inspection: _____		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No –(If No they need to be attached.) <u>Building shall not be used for habitation or septic function shall not be served by water under pressure or indoor pumpouts</u>				
Signature of Inspector: _____	Date of Approval: <u>8-15-14</u>			
Hold For Sanitary: <input type="checkbox"/> _____	Hold For BA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	<input type="checkbox"/> _____

# Field County, WI





APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DECEMBER  
Date Stamp (Received)  
AUG 07 2014

Permit #:	14-0823
Date:	8-18-14
Amount Paid:	\$75 8-7-14
Refund:	

1000  
 900  
 800  
 700  
 600  
 500  
 400  
 300  
 200  
 100  
 0

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>15,600.</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary      Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)      Specify Type: _____	<input checked="" type="checkbox"/> NO
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit)    or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Portable (w/service contract)	
<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/> SLAB			<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(      X      )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(      X      )	
		with Loft	(      X      )	
		with a Porch	(      X      )	
		with (2 <sup>nd</sup> ) Porch	(      X      )	
		with a Deck	(      X      )	
		with (2 <sup>nd</sup> ) Deck	(      X      )	
		with Attached Garage	(      X      )	
	<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(      X      )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(      X      )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Addition/Alteration (specify) _____	(      X      )	
	<input checked="" type="checkbox"/>	Accessory Building (specify) <u>Garage</u>	( 26 X 26 )	676
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(      X      )	
<input type="checkbox"/> Municipal Use				
Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain) _____	(      X      )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(      X      )	
	<input type="checkbox"/>	Other: (explain) _____	(      X      )	

(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit PO Box 36 Cochran, WI 54622

Copy of Tax Statement ATTACHED

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

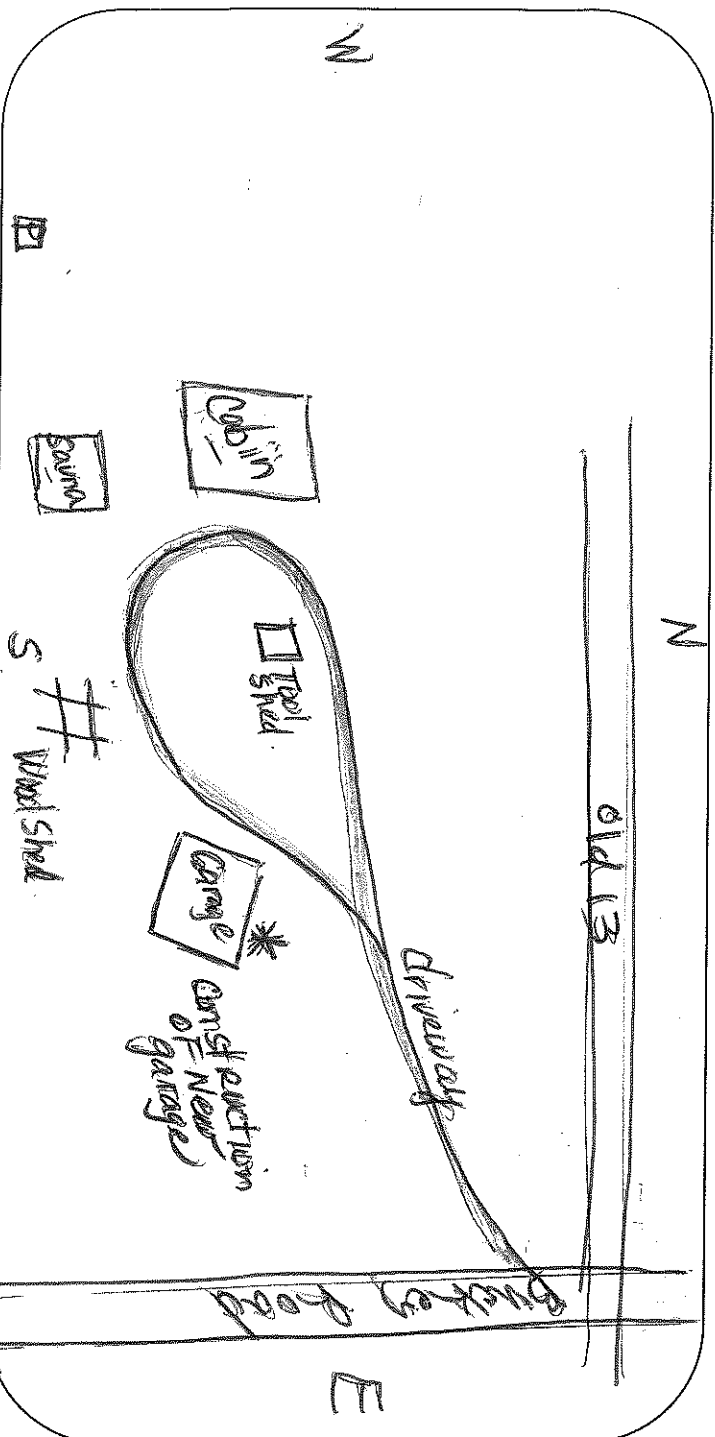
**Attach**  
**Copy of Tax Statement**

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**If you recently purchased the property send your Recorded Deed**

Below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Entered owner's pencil drawing  
Changes in plans must be approved by the Planning & Zoning Dept.  
for permanence.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	213 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	297 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	327 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	305 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	213 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	N/A Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	100+ Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

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84-8027 (9) Stake or Mark Proposed Location(s) of New Construction: Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required to Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:		# of Bedrooms:	
Permit Denied (Date):		Reason for Denial:		Sanitary Date:	
Permit #: 14-0073		Permit Date: 8-18-14		Privy on site w/o permit (1989) working w/ owner to bring up to code + permit.	
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No		
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No		
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Granted by Variance (B.O.A.)		Case #:		Previously Granted by Variance (B.O.A.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: Same lot as cabin approved on 8-4-8-12 as a garage. Some converted to cabin. No modern facilities provided. Work done on bringing privy up to code.		Inspected by: J. C. Murphy		Zoning District (A-1)	
Date of Inspection: 8-15-14		Inspected by: J. C. Murphy		Lakes Classification (N/A)	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)		Signature of Inspector:		Date of Approval: 8-16-14	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
Hold For Fees: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	